

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5523AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2010
NAME OF PROVIDER OR SUPPLIER OUR HOME ADULT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4180 SIERRA MADRE DR RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000		
Y 072 SS=E	449.196(3) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 2 Severity: 2 Scope: 1	Y 105			
Y 179 SS=B	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 11/18/10, the facility failed to provide appropriate screen coverings for two windows and a sliding door to prevent the entry of insects. Severity: 1 Scope: 2	Y 179			
Y 357 SS=F	449.222(7) Bathrooms and Toilet Facilities NAC 449.222 7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. This Regulation is not met as evidenced by: Based on observation and interview on 11/18/10,	Y 357			

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Y 357	Continued From page 3 the facility failed to provide individual towels and wash cloths in 2 of 2 bathrooms. Severity: 2 Scope: 3	Y 357			
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 11/18/10, the facility failed to ensure that 2 of 5 residents received medications as prescribed (Resident #2 and #3). Findings include: Resident #2 was a 73 year old admitted to the facility on 8/28/10 from a geriatric psychiatric facility with multiple medical diagnoses including dementia and depression. The resident had been prescribed Citalopram 10 milligrams per day for depression. The resident received Citalopram, 20 milligrams daily -- twice the prescribed dose -- for at least three weeks. The	Y 878			

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Y 878	Continued From page 4 pharmacy acknowledged their error in filling the prescription with the wrong strength of Citalopram, however the facility failed to discover the medication error prior to the survey. Upon discovery of the overdose, Employee #1 contacted the physician's office to notify them of the medication error. The physician's office authorized the facility to cut the 20 mg tablet in half until the correct strength of Citalopram could be obtained. The facility failed to ensure that 1 of 5 residents had medications available as prescribed. Severity: 3 Scope: 1	Y 878			
Y 883 SS=E	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview on 11/18/10, the facility failed to ensure the physician was notified with in 12 hours after a medication was missed or refused for 2 of 5 Residents (Residents #3 and #5). Severity: 2 Scope: 2	Y 883			

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